

Name
in
Full

Annir R. Adams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

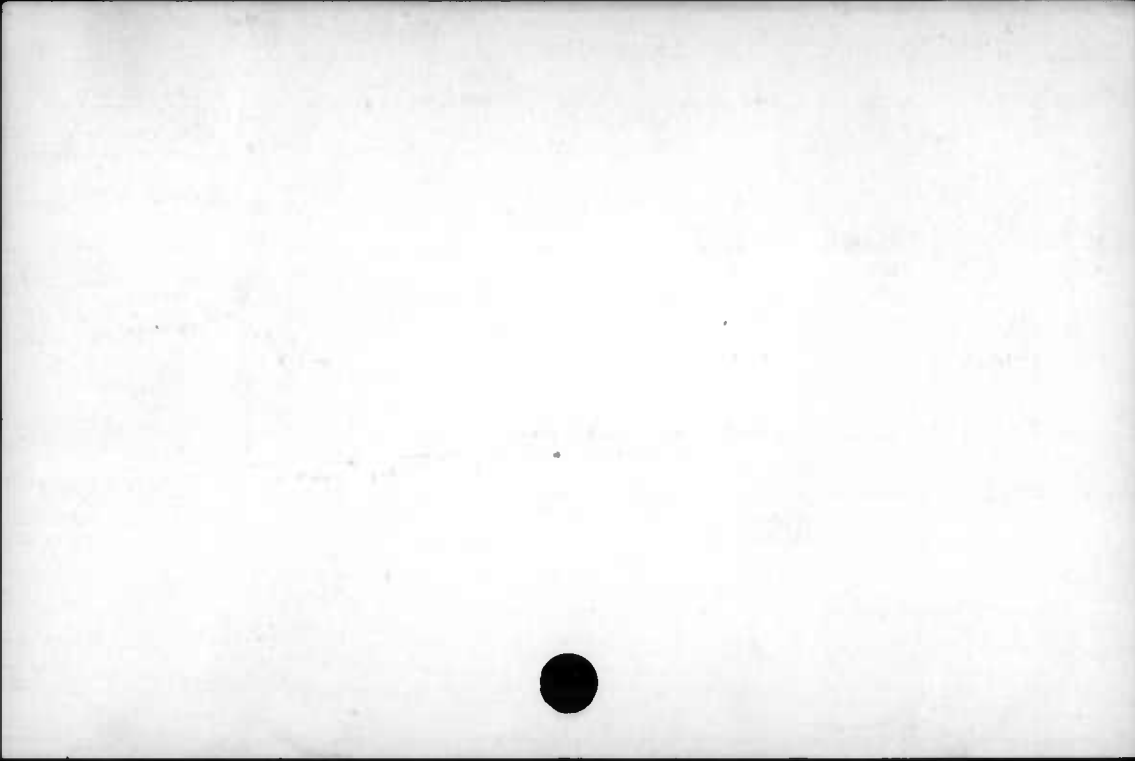
Died at <i>Cambri Lge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>20</i>	Years <i>26</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>		
Occupation <i>Housework</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Wesley Adams</i>				
Father's Name <i>Unknown.</i>	<i>Rouark</i>		Father's Birthplace <i>Ind Dor, Co</i>		
Mother's Maiden Name <i>Mary Jane Rolk</i>			Mother's Birthplace <i>Ind. Dor, Co</i>		
Name of person giving information <i>Edward J. Adams</i>			How related to deceased <i>Brother-in-law.</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis.</i>	How long <i>Don't know</i>
Immediate <i>Don't know as I only saw case once - in str.</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide?	



Name
in
Full

Charity Baltimore -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

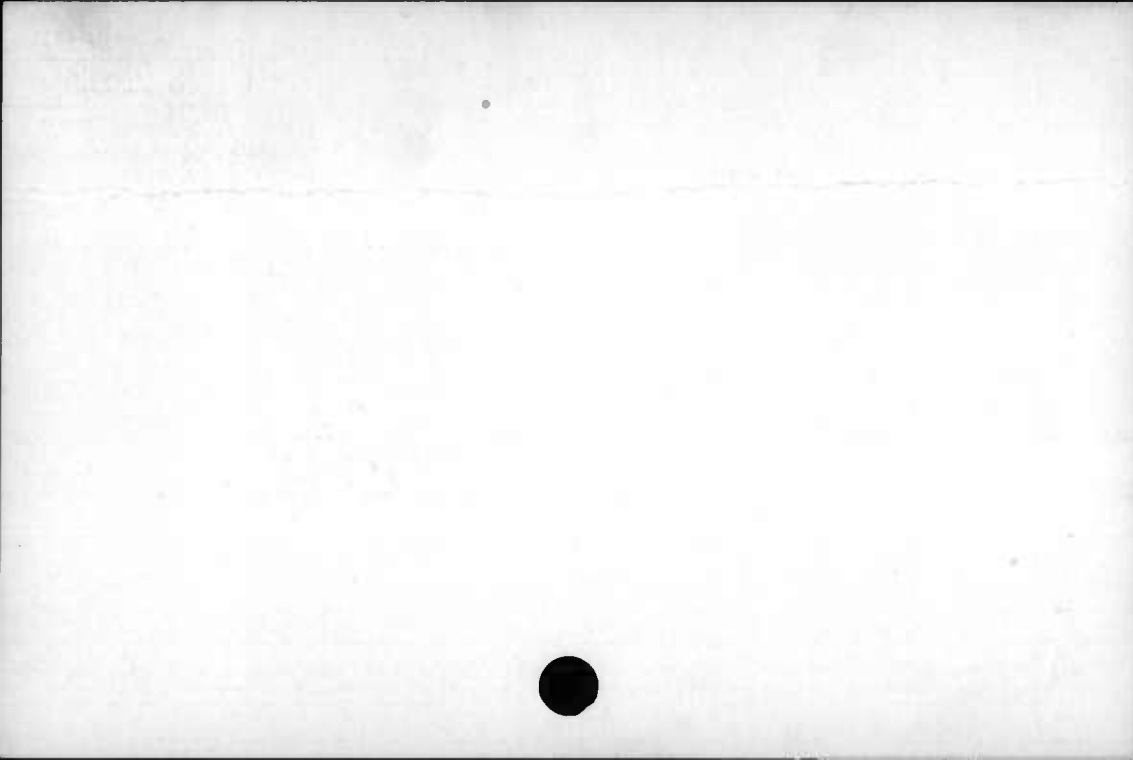
Died at		Town Vienna		County Baltimore		MARYLAND	
Date of death	1908	Month Jan	Day 14	Age 78	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Maryland
Occupation	House wife			Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			John H. Baltimore -			
Father's Name	Anders Camper			Father's Birthplace	Maryland		
Mother's Maiden Name	Henrie Steuart			Mother's Birthplace	Maryland.		
Name of person giving Information	John H. Baltimore			How related to deceased	Husband		

CAUSES OF DEATH

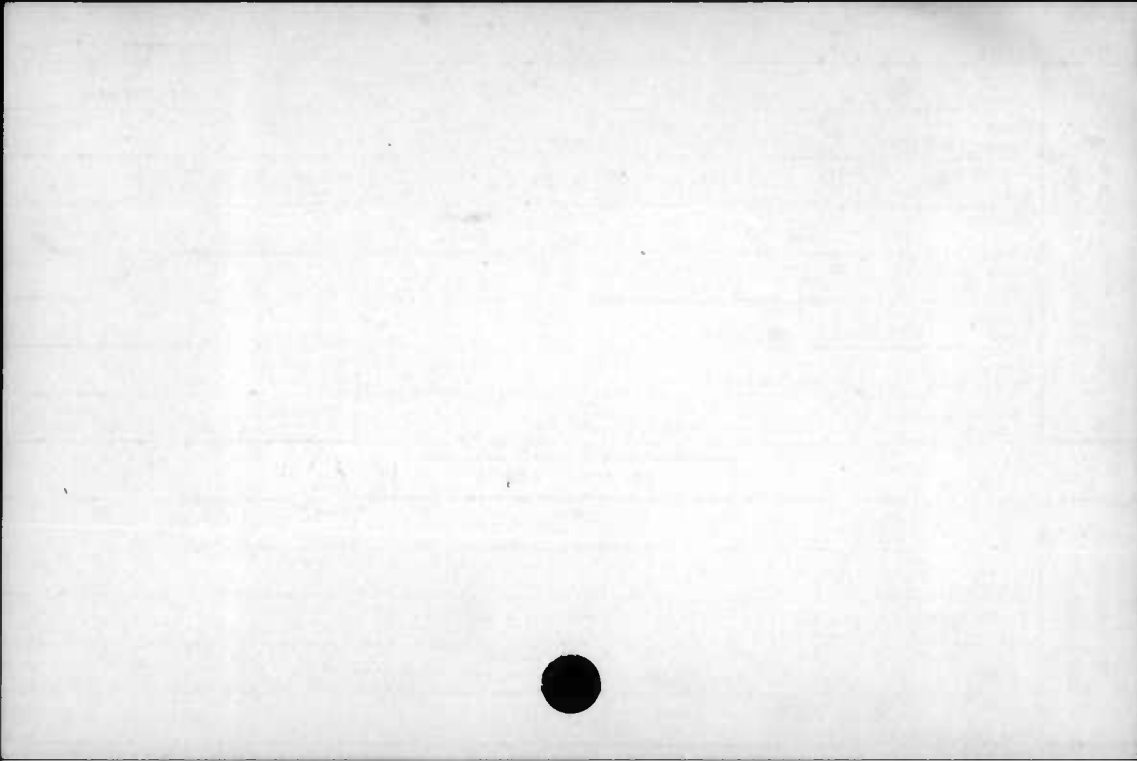
116

PHYSICIAN
OR CORONER

Primary	Peritonitis	How long	10 days.
Immediate	Heart Failure -	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		H. Beaud	
		Vienna Md.	
Accident or Suicide?			



Name in Full John S Bates		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Cambridge Town		Dorchester Co County
	Date of death 1908 Month Jan Day 31		Age 71 Years Months 7 Days 1
	Sex Male	Color or Race White	Birth-place Jenkinstown Pa
	Occupation Oyster man	Where Residing if not at place of death Cambridge	
	Married, Single or Widowed Single	Name of Wife or Husband don't know	
	Father's Name don't know	Father's Birthplace don't know	
	Mother's Maiden Name don't know	Mother's Birthplace don't know	
Name of person giving information Mr Garlin		How related to deceased	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary La Grippe	How long 5 days.	
	Immediate Heart Failure	How long Can't say.	
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. E. Wolff	
	9	Address Cambridge, Md.	
Accident or Suicide?			



Name
in
Full

Mary Bailey et Bayly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		January	26th	19			
Sex	Female		Color or Race	Colored		Birth-place	Unknown
Occupation	Unknown			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Unknown			Unknown				
Father's Name	Unknown					Father's Birthplace	Unknown
Mother's Maiden Name	Unknown					Mother's Birthplace	Unknown
Name of person giving information					How related to deceased		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Suberculosis	How long	Unknown
Immediate	Pulmonary Hemorrhage	How long	Two hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Lester P. Reynolds M.D.	
		Address	
		Cambridge Md.	
Accident or Suicide?			

This case is probably registered with the
Board in Baltimore patient had only
come to Cambridge 3 days before death.

J. P. R.

Name
in
Full

Henry Beekwith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

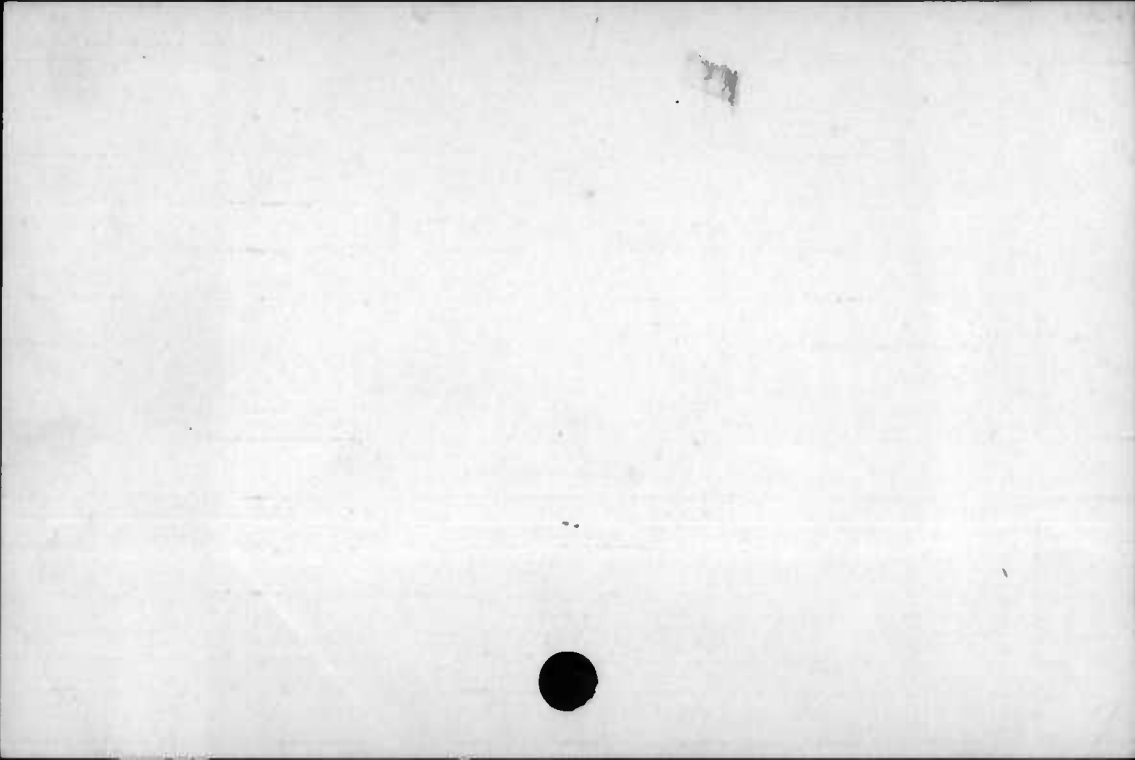
Died at <i>Adams House</i>		Town <i>Dorchester</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>26</i>	Age <i>62</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Mo</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace					
Name of person giving information <i>Mr. Cannon</i>		How related to deceased <i>Nephew Adams House</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. H. Blane</i>
<i>Q</i>	Address <i>Vienna Mo</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

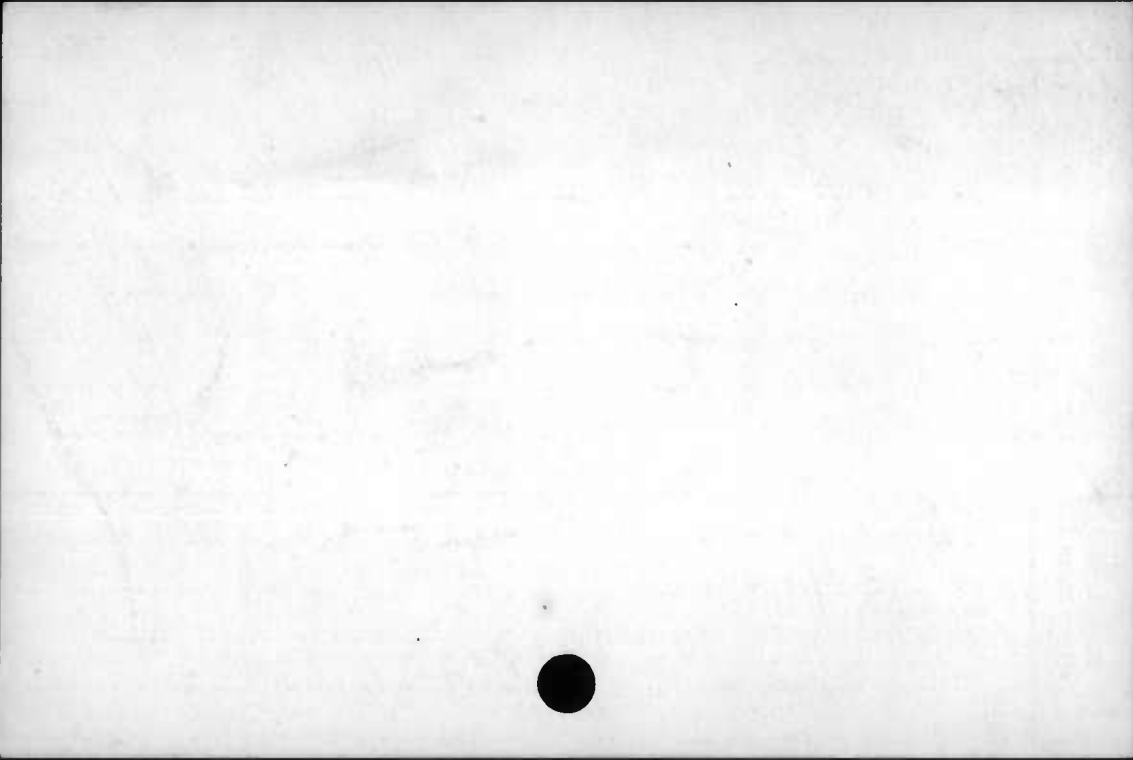
Died at <i>Hamden</i>		Town <i>Hamden</i>		County <i>Wor</i>		MARYLAND	
Date of death 1908	Month 1	Day 23	Age 70	Years	Months 3	Days	
Sex <i>male</i>	Color or Race <i>white</i>		Birthplace <i>Carolina Co</i>				
Married, Single or Widowed <i>married</i>	Occupation <i>merchant</i>						
Name of Wife or Husband <i>Emily Bradley</i>							
Father's Name <i>John Bradley</i>					Father's Birthplace <i>Wor Co</i>		
Mother's Maiden Name <i>Eliza Ann Dines</i>					Mother's Birthplace <i>Wor Co</i>		
Name of person giving information <i>J. C. Bradley</i>					How related to deceased <i>Son</i>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long
Immediate <i>La Grippe</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. R. Myers</i>
	Address <i>Hamden Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Joshua B. S. Brown

Town

County

Date

of death 1904 Jan

Month

Day

2

Age

Years

5-2

Months

Days

MARYLAND

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Oysterman

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Ella Brown

Father's
Name

Untermyer

Father's
Birthplace

unk.

Mother's
Maiden Name

Ella Bridges

Mother's
Birthplace

unk

Name of person giving
In formation

Omar Brown

How related
to deceased

Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Aortic regurgitation Bright's dis. - unk

How long

Immediate

Pulmonary edema

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

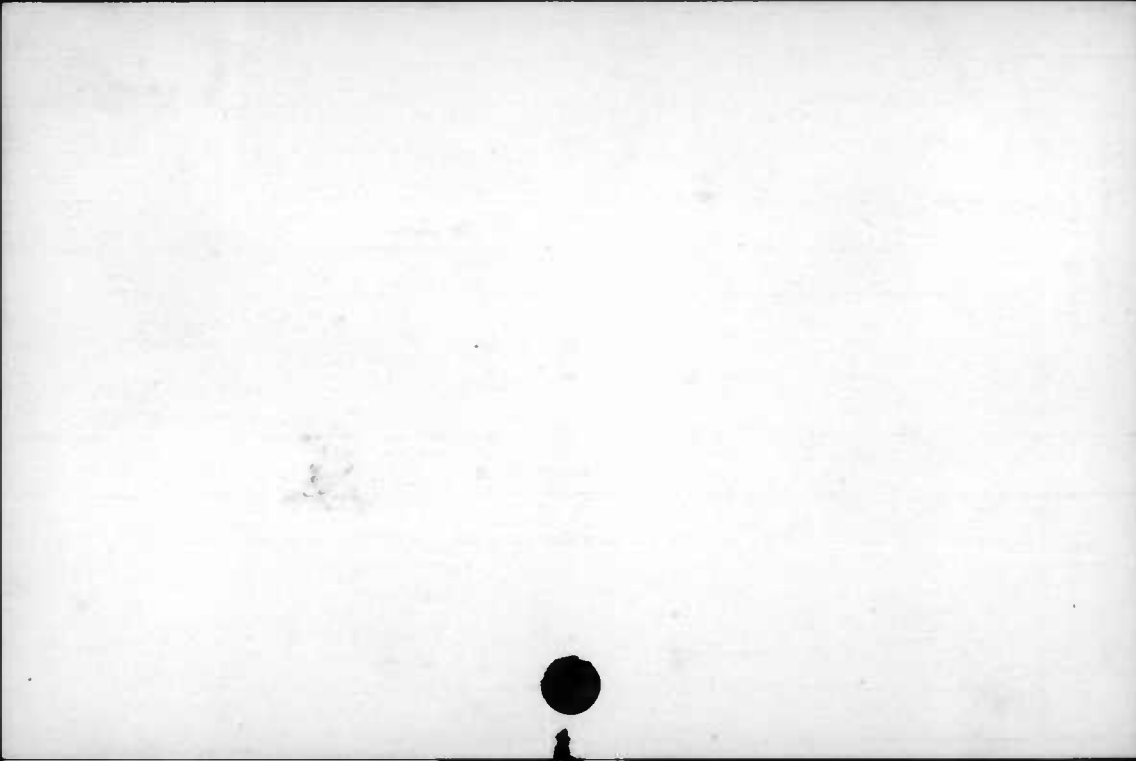
S A Stokes

Address

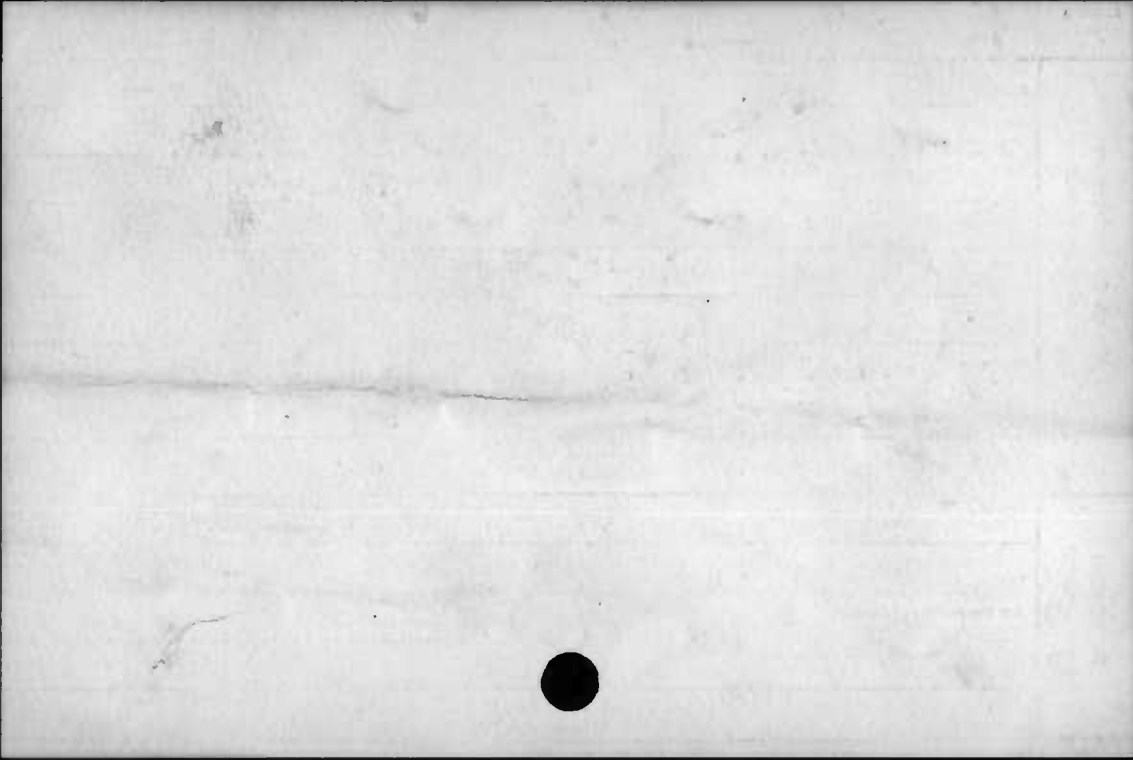
R705 Cambridge

Accident or Suicide?

unk



Name in Full George W. Dwyer		CERTIFICATE OF DEATH	
Died at Cambridge Town		Winchester County	
Date of death 1908		Month 1 Day 3 Age 57 Years Months 6 Days 3	
Sex Male		Color or Race Caucasian	
Occupation Open Throated		Birth-place Dr. Co. Md.	
Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Kate Rich	
Father's Name Geo. Dwyer		Father's Birthplace Dr. Co. Md.	
Mother's Maiden Name Priscilla Small		Mother's Birthplace Talbot Co.	
Name of person giving information Allen Dwyer		How related to deceased Son	
CAUSES OF DEATH			
Primary John Pneumonia		How long 7 days	
Immediate Heart failure		How long 12 hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Guysteel	
Address Cambridge Md.			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

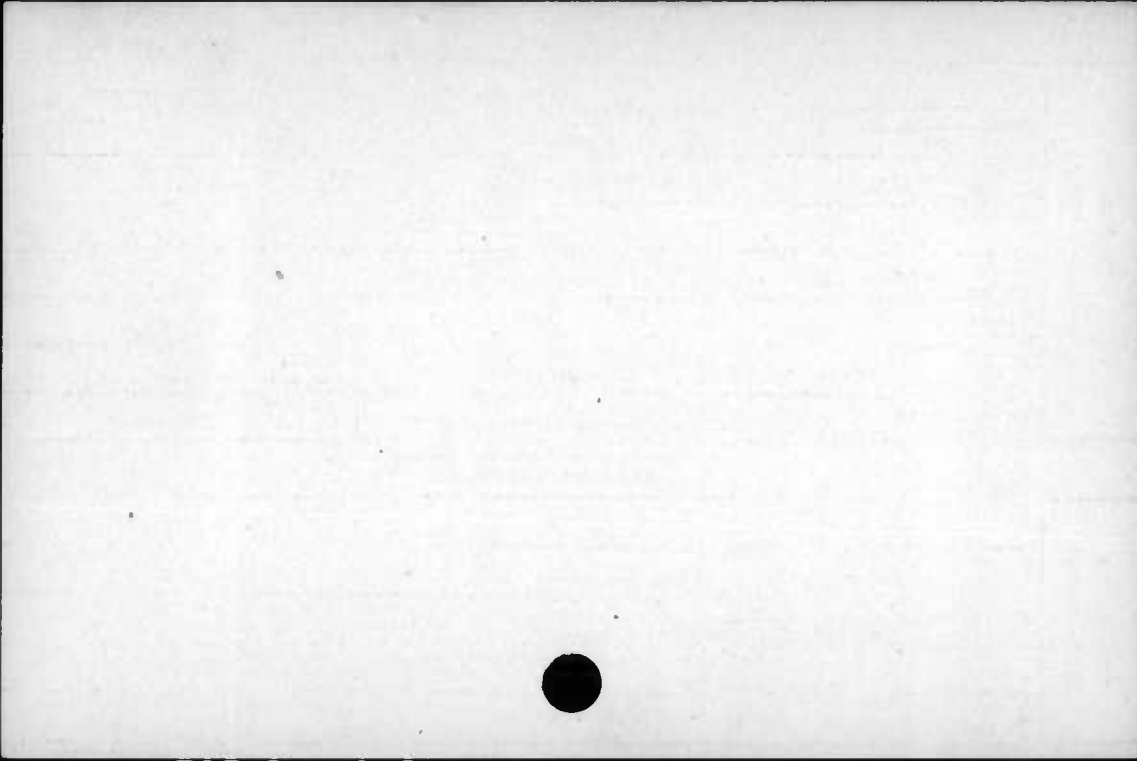
Name in Full <i>June Farara</i>		Town <i>Jackson</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Jackson</i>		Date of death <i>1907</i>		Month <i>January</i>		Day <i>25</i>	
Age <i>38</i>		Years <i>38</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation <i>Huck</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Farara</i>					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>William Farara</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>5 months</i>
Immediate <i>Heart Failure (exhaustion)</i>	How long <i>very short.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. E. Wolff</i>
	Address <i>Cambridge, Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Louise S. Harring

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

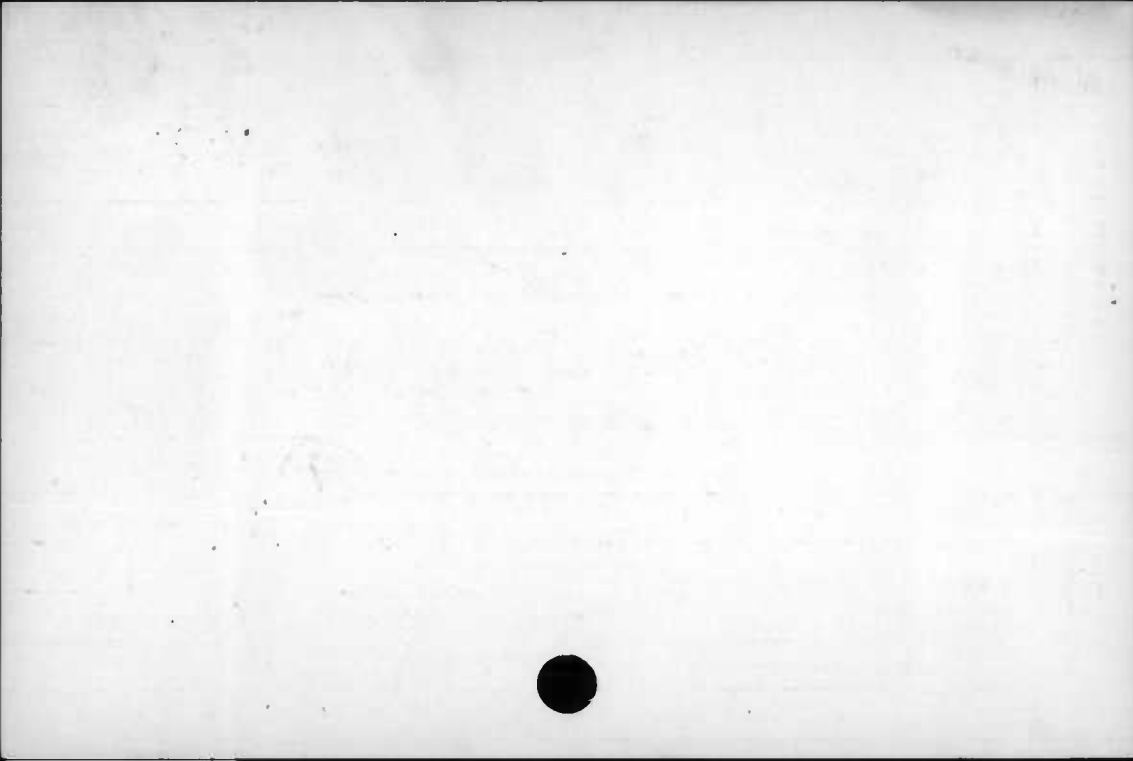
Died at <u>Cambridge</u> ^{Town}		<u>on Chester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>12</u>	Age <u>3</u> Years	Months <u>11</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Cambridge Md</u>		
Occupation <u>none</u>			Where Residing If not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Ed. A. Harring</u>			Father's Birthplace <u>N. J.</u>		
Mother's Maiden Name <u>Mary E. Michtson</u>			Mother's Birthplace <u>Cambridge Md</u>		
Name of person giving information <u>Ed. A. Harring</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

⑨

PHYSICIAN
OR CORONER

Primary <u>Pneumonia diphtheria</u>	How long <u>6 days</u>
Immediate <u>Heart failure</u>	How long <u>suddenly</u>
Are the name, age, sex, color, date and place correctly given above? <u>Ys</u>	Signature of Physician <u>Gray Stull</u>
	Address <u>Cambridge Md.</u>
	
Accident or Suicide? <u>8</u>	



Name
in
Full

Elizabeth J. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

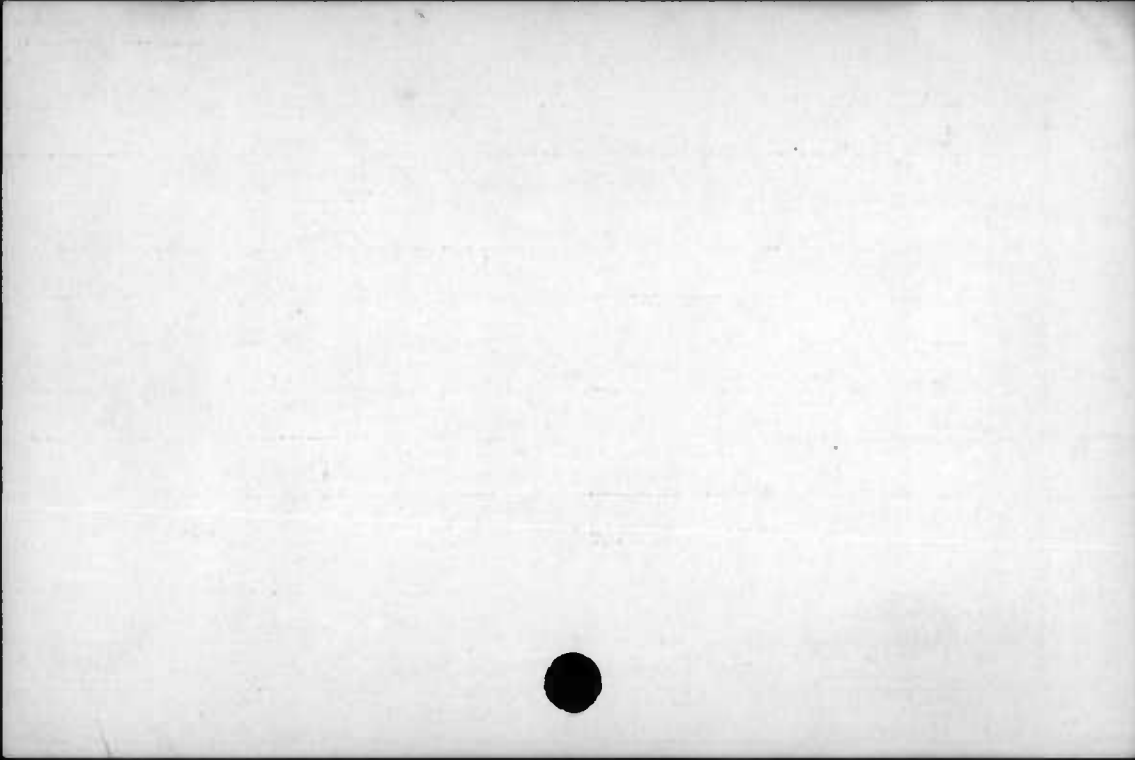
Died at <u>Cumby</u> <small>Town</small>		<u>on Chesapeake</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>1</u>	Day	<u>3</u>
Age	<u>69</u>	Years		Months	<u>-</u>
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Wm. Co Md.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband <u>Joshua Harris</u>			
Father's Name	<u>Rane</u>			Father's Birthplace	<u>Wm Co Md.</u>
Mother's Maiden Name	<u>Zustine Graham</u>			Mother's Birthplace	<u>Wm Co Md.</u>
Name of person giving information	<u>Joshua Harris</u>			How related to deceased	<u>Husband</u>

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

Primary	<u>Paralysis (2% stroke)</u>	How long	<u>1 3 days</u>
Immediate	<u>Paralysis (2% stroke)</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yhs</u>		Signature of Physician <u>Guy Steele</u>	
		Address <u>Cumby Md.</u>	
Accident or Suicide? <u>9</u>			



Name
in
Full

Andrews Hays

CERTIFICATE OF DEATH

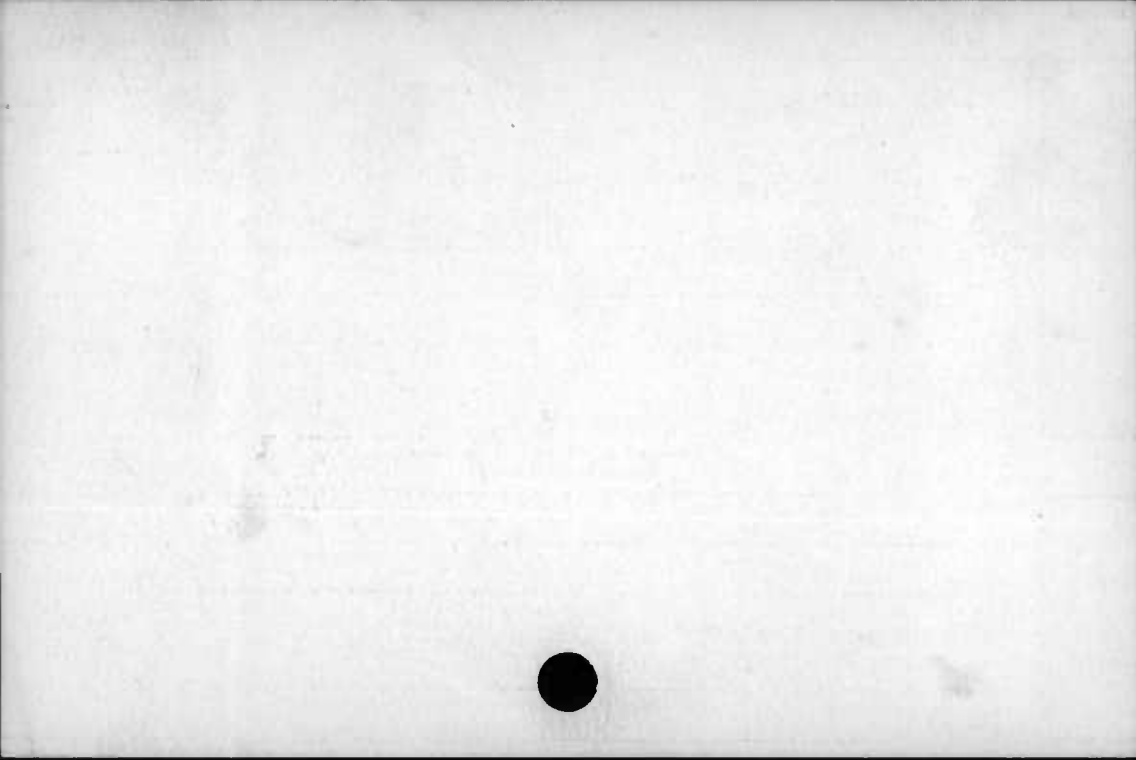
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Orchester</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>9</u>	Age <u>15</u>	Years <u>-</u>	Months <u>-</u>
Sex <u>Male</u>	Color or Race <u>colored</u>		Birth-place <u>Ind.</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Mrs. Joseph</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Carré Hays</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>John M. Hays</u>		How related to deceased <u>step father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Epilepsy</u>	How long <u>10 years</u>
Immediate <u>Exhaustion</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. Stull Thacker</u>
<u>Q</u>	Address <u>Cambridge Ind.</u>
Accident or Suicide? <u>He was in attendance on a coroner's jury</u>	



Name
in
Full

Sarah E. Bliegar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Baltimore</u> Town		<u>Baltimore</u> County			
Date of death	1908	Month	Jun	Day	20
Age	71	Years		Months	
Sex	Female	Color or Race	white	Birth-place	Balto.
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name		Not Known		Father's Birthplace	
Mother's Maiden Name		Not Known		Mother's Birthplace	
Name of person giving information		Self before death		How related to deceased	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral heart trouble	How long	Not known
Immediate	Heart failure	How long	instantly
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John M. [Signature]	
Address		Baltimore Md	
Accident or Suicide?		no	



Name
in
Full

CERTIFICATE OF DEATH

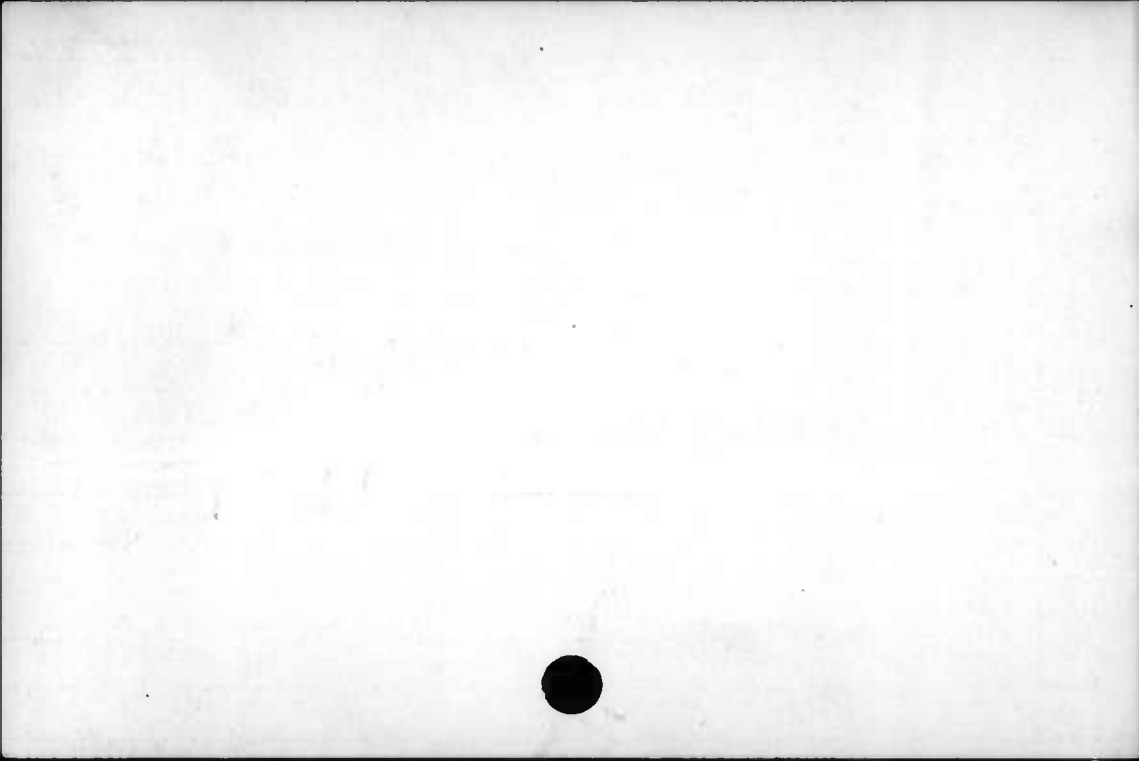
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charlie Lonsley		Town Lakesbill		County Dor		MARYLAND	
Died at Lakesbill		Month Jan		Day 27		Age 27	
Date of death 1908		Months 1		Days —			
Sex Male		Color or Race White		Birth-place Lakesbill			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Samuel Lonsley		Father's Birthplace Dorchester Md					
Mother's Maiden Name Larania Pearson		Mother's Birthplace Dorchester Md					
Name of person giving information Robert Lonsley		How related to deceased Brother					

CAUSES OF DEATH

27PHYSICIAN
OR CORONER

Primary Tuberculosis		How long Six or 12 months	
Immediate			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Robinson	
		Address Dr. P.	
Accident or Suicide?			



Name
in
Full

Henrietta Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Hurlock* County *Dorchester* **MARYLAND**

Died at *Hurlock*

Date of death **1908** Month *Jan* Day *3* Age *50* Years Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *MD*

Occupation *House wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Jackson*

Father's Name *Adam Davis* Father's Birthplace *MD*

Mother's Maiden Name *unknown* Mother's Birthplace *MD*

Name of person giving information *Thomas Jackson* How related to deceased *son*

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary *Sudden, Protrally* How long *—*

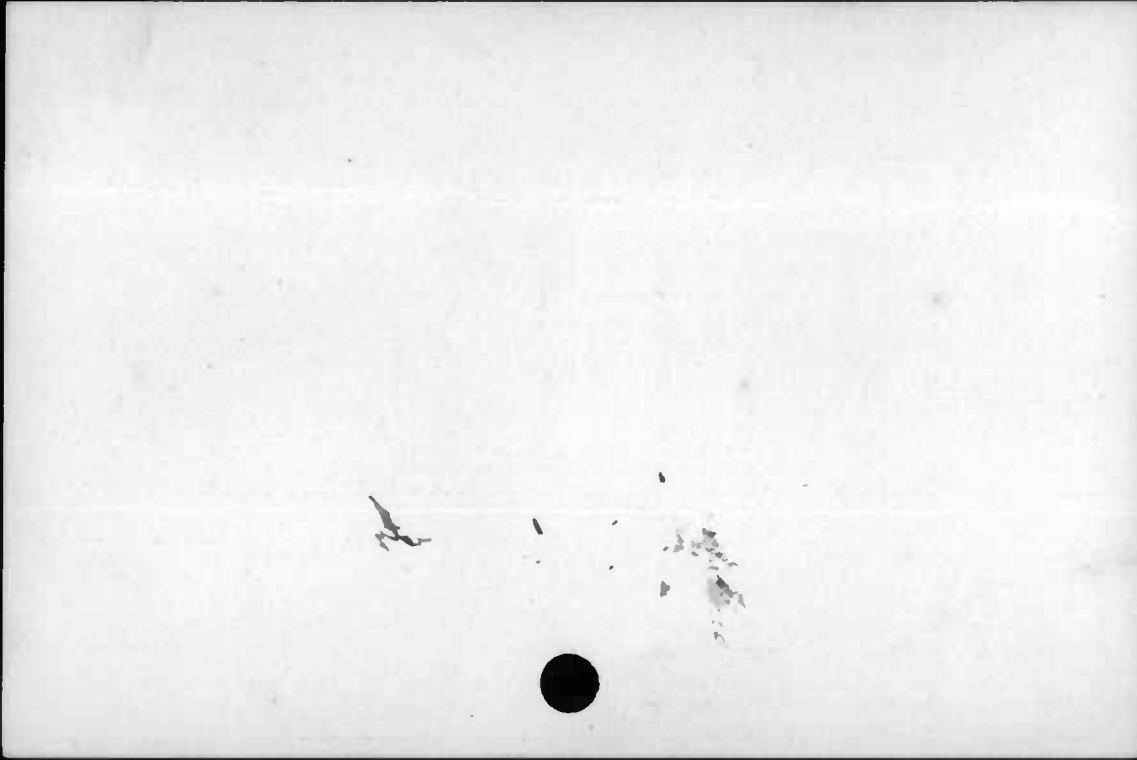
Immediate *Heart Valvular dis.* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *D. S. Maguire*

Address *Hurlock MD*

Accident or Suicide? *9*



Name
in
Full

Isaac Jackson

CERTIFICATE OF DEATH

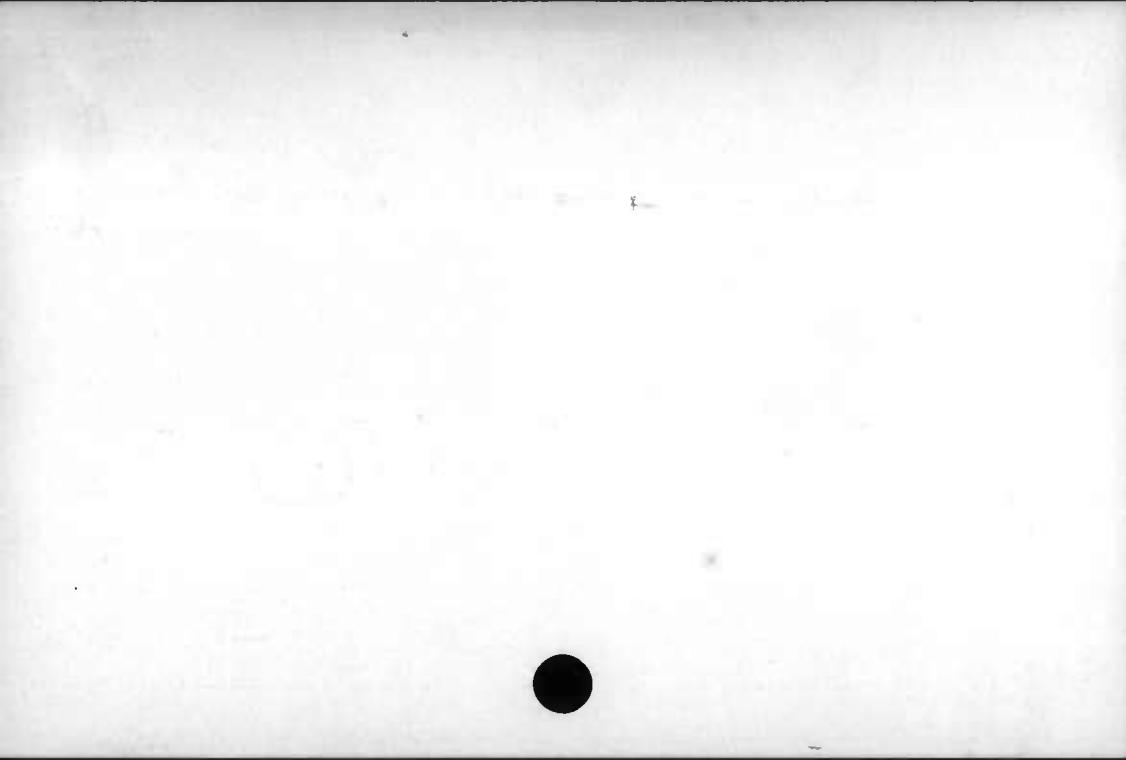
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hurlock</i> <small>Town</small>		<i>Dor</i> <small>County</small>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>1</i>	Day <i>2</i>	Age <i>60</i>	Years <i>✓</i>	Months <i>✓</i>
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>Dor Co Md</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>farmer</i>			
Name of Wife or Husband <i>Sylvia Jackson</i>					
Father's Name <i>Charles Jackson</i>				Father's Birthplace <i>Dor Co Md</i>	
Mother's Maiden Name <i>Sylvia Putton</i>				Mother's Birthplace <i>Dor Co Md</i>	
Name of person giving information <i>Charles P Jackson</i>				How related to deceased <i>son</i>	

CAUSES OF DEATH

66
How longPHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Myers</i>
<i>Q</i>	Address <i>Hurlock Md</i>
Accident or Suicide?	



Name
in
Full

Mrs M. E. Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

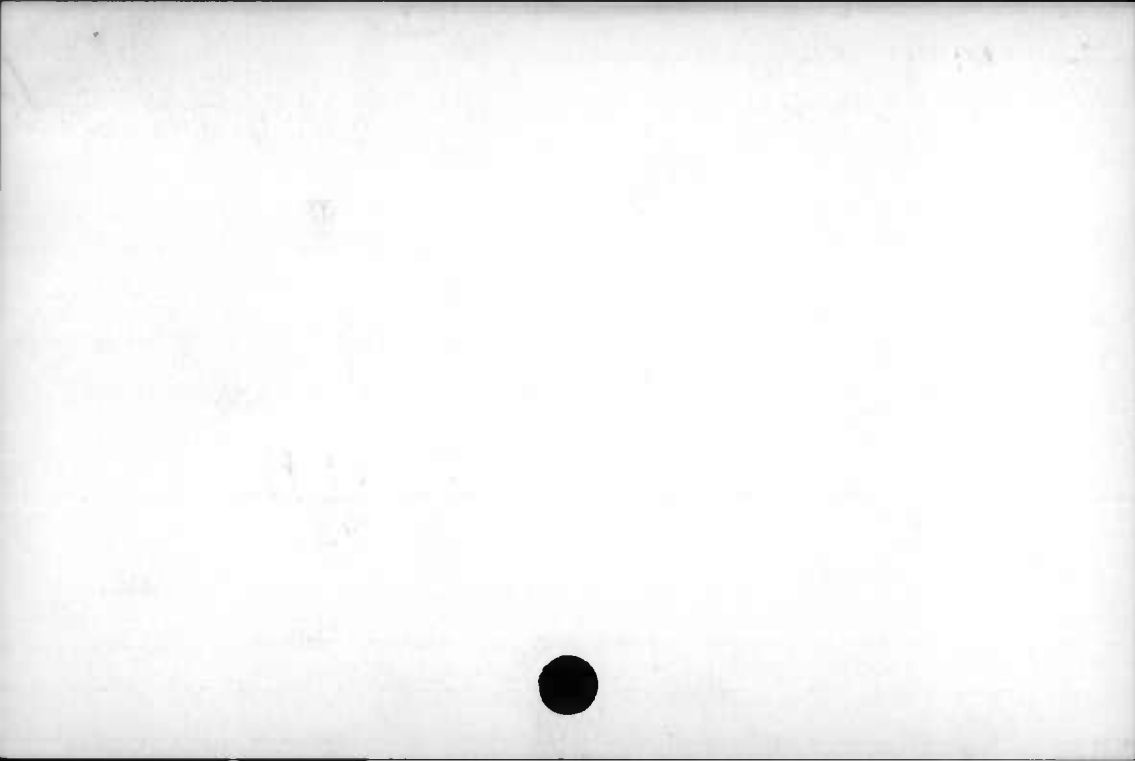
Died at <i>Cambridge</i>		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>2</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Dorchester Co Md</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Cambridge Hospital, Cambridge.</i>						
Married, Single or Widowed	Name of Wife or Husband <i>Jas J. Jacobs</i>						
Father's Name <i>Wm. J. Parnson</i>	Father's Birthplace <i>Dor Co Md</i>						
Mother's Maiden Name <i>Elizabeth Greene</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Cap. W. E. Jacobs</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

117

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Pancreas</i>	How long <i>Some months</i>
Immediate <i>Exhaustion</i>	How long <i>A few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. G. L. S. L. S. L.</i>
	Address <i>Cambridge Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Henry Jarvis
Cambridge

Town

County

Dorchester

MARYLAND

Date

of death 1908

Month

January

Day

7th

Years

Age 52

Months

—

Days

—

Sex

Male

Color or
Race

Colored

Birth-
place

Virginia

Occupation

Laborer (Genl)

Where Residing if not
at place of death

—

Married, Single
or Widowed

Married

Name of Wife or
Husband

Nezede Jarvis

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Nezede Jarvis

How related
to deceased

Wife

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

How long

8 months

Immediate

Cardiac Failure

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dexter T. Reynolds, M.D.

Address

Cambridge, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

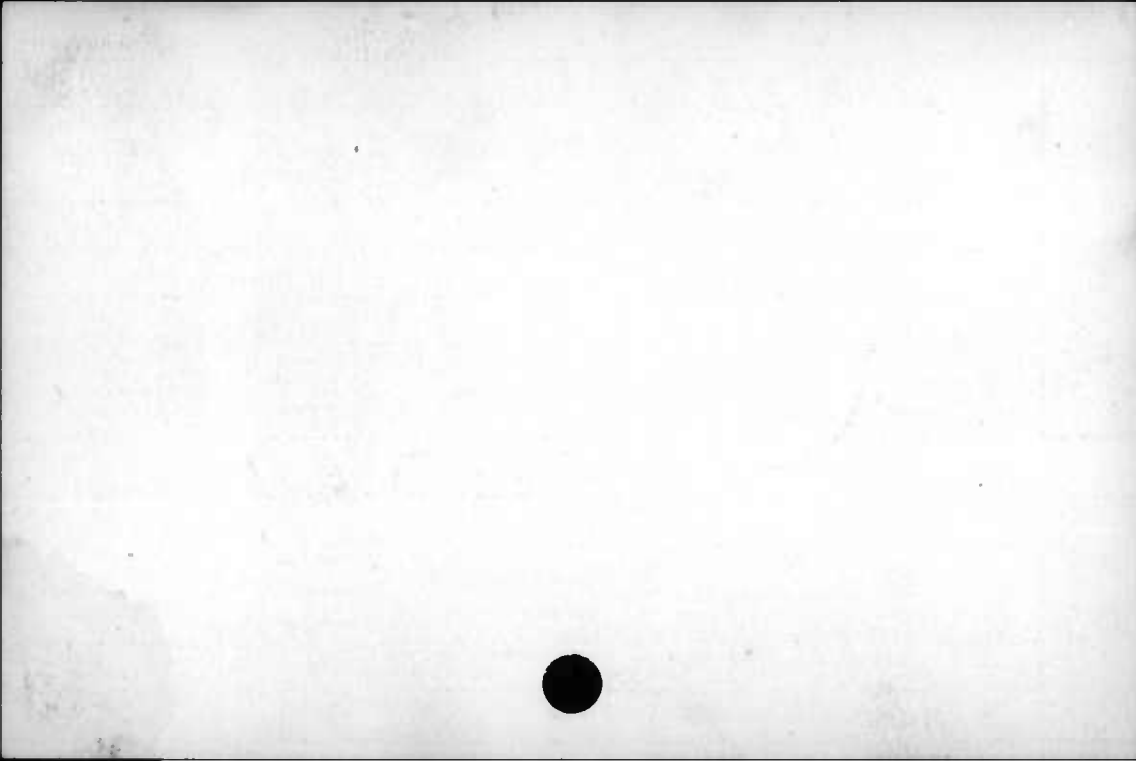
Name in Full <i>Mary Jane Jenkins</i>		Town <i>East New Market</i>		County <i>Dorchester Co.</i>		MARYLAND	
Died at <i>East New Market</i>		Month <i>Jan</i>		Day <i>18</i>		Years <i>62</i>	
Date of death <i>1908</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>East New Market</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Stephen Jenkins</i>					
Father's Name <i>Adam Wilson</i>		Father's Birthplace <i>Dor Co</i>					
Mother's Maiden Name <i>Mary Jane Wilson</i>		Mother's Birthplace <i>Dor Co</i>					
Name of person giving information <i>Henry Jenkins</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

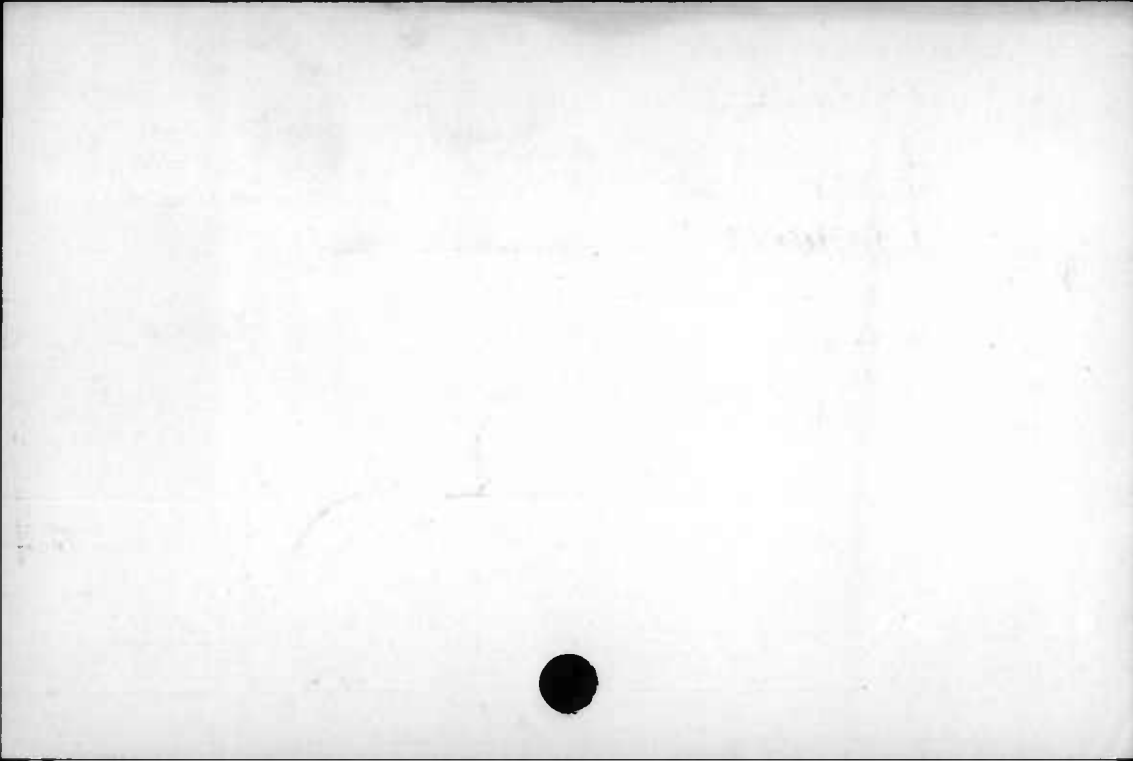
Primary <i>Pulmonary Tuberculosis</i>	How long <i>not known</i>
Immediate <i>Hemiplegia & cardiac asthma</i>	How long <i>three weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. V. Warbaugh, M.D.</i>
	Address <i>East New Market</i>
	<i>Maryland</i>
Accident or Suicide?	



Name in Full		Rachael Ann Langrell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge		County Dorchester		MARYLAND
	Date of death		1908	Month Jan	Day 19	Age 55	Months 1
							Days 24
	Sex		Female		Color or Race		White
	Occupation		Housewife		Birth-place		Maryland
					Where Residing if not at place of death		Cambridge Md.
	Married, Single or Widowed		Married		Name of Wife or Husband		Wm. H. Langrell
	Father's Name		Joseph Murphy		Father's Birthplace		Maryland
PHYSICIAN OR CORONER	Mother's Maiden Name		Ethia Pritchett		Mother's Birthplace		"
	Name of person giving information		Wm. H. Langrell		How related to deceased		Son.
	CAUSES OF DEATH						(27)
	Primary		Tuberculosis		How long		Don't know
	Immediate		Don't know as I have not seen her for over a month.		How long		
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. E. Voelf	
				Address		Cambridge, Md.	
Accident or Suicide?							



Name in Full		Lelia Pauline M ^c Namara				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Shingate				Lorchester			
	Date of death	1908	Month	1	Day	18	Age	
					Years	4	Months	
							Days	
							4	
Sex	Female		Color or Race	White		Birth-place	Shingate	
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name	Geo. H. M ^c Namara					Father's Birthplace	Lakesville Md	
Mother's Maiden Name	May Langrall					Mother's Birthplace	Toddsville Md	
Name of person giving information	Geo. H. M ^c Namara					How related to deceased	Father	
<div>CAUSES OF DEATH</div> <div>93</div>								
PHYSICIAN OR CORONER	Primary	Bronchitis					How long	16 days
	Immediate	Pneumonia					How long	6 days
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	W. T. Nichols
							Address	Crofton Md.
	Accident or Suicide?							



Name in Full Jawson Marine		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Vienna Town		County Arch
	Date of death 1908 Month June Day 28th		Age 22 Years Months - Days -
	Sex Male	Color or Race White	Birth-place Mo.
	Occupation Farmer	Where Residing if not at place of death	
	Married, Single or Widowed Single	Name of Wife or Husband	
	Father's Name Charles Marine	Father's Birthplace Mo.	
	Mother's Maiden Name Jennie Thompson	Mother's Birthplace "	
Name of person giving information Edith Hughes	How related to deceased Friend		
CAUSES OF DEATH			(27)
PHYSICIAN OR CORONER	Primary Tuberculosis	How long about 3 yrs.	
	Immediate Heart Failure	How long or once	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D. H. Blawie	
		Address Vienna	
	Accident or Suicide?	no	



Name in Full		Edmond W. Messick				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Cambridge</u> <small>Town</small>		<u>Orchester</u> <small>County</small>		MARYLAND			
	Date of death <u>1908</u> <small>Month</small>	<u>July</u> <small>Day</small>	<u>23</u> <small>Age</small>	<u>28</u> <small>Years</small>	<u>10</u> <small>Months</small>	<u>9</u> <small>Days</small>		
	Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>					
	Occupation <u>Waterman</u>		Where Residing if not at place of death <u>—</u>					
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>						
	Father's Name <u>John A. Messick</u>	Father's Birthplace <u>Ind.</u>						
	Mother's Maiden Name <u>Helen Tyler</u>	Mother's Birthplace <u>Ind.</u>						
	Name of person giving information <u>Helen Messick</u>	How related to deceased <u>Mother</u>						
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(27)</div>								
PHYSICIAN OR CORONER	Primary <u>Pulm. Tuberculosis</u>	How long <u>about 1 year</u>						
	Immediate <u>Asthma</u>	How long <u>months</u>						
	Are the name, age, sex, color, date and place correctly given above? <u>Y</u>	Signature of Physician <u>Wm. S. Lee</u>		Address <u>Cambridge Ind.</u>				
	Accident or Suicide? <u>2</u>							



Name
in
Full

Infant- Mitchell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		State Maryland	
Date of death		Month Jan	Day 29	Years 1908		Months	Days
Sex female		Color or Race Black		Birth-place Cambridge			
Occupation None		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Lake Mitchell		Father's Birthplace Seyford del					
Mother's Maiden Name Sarah Woolford		Mother's Birthplace Dorchester					
Name of person giving information Lake Mitchell		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long	—
Immediate	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician None
Yes		Address Clement Sullivan
Accident or Suicide? Accident		Justice of the Peace



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>near Cambridge</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>
	Date of death <i>1908</i>	Month <i>June</i>	Day <i>22</i>	Years <i>78</i>	Months <i>—</i>
	Sex <i>Male</i>		Color or Race <i>White</i>	Birth-place <i>Dorchester Co</i>	
	Occupation <i>Retired</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>—</i>			
	Father's Name <i>Seth Mowbray</i>	Father's Birthplace <i>Don't know</i>			
	Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>George L. Mowbray</i>		How related to deceased <i>Son</i>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 2px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: 0 auto;">125</div>					
PHYSICIAN OR CORONER	Primary <i>Unknown</i>		How long <i>3 or 4 years</i>		
	Immediate <i>Disease of prostate gland</i>		How long <i>Unknown.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None</i>		
	<input checked="" type="checkbox"/> Accident or Suicide?		Address <i>6 Lermont Boulevard</i> <i>Justice of the Peace</i>		



Name

in

Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

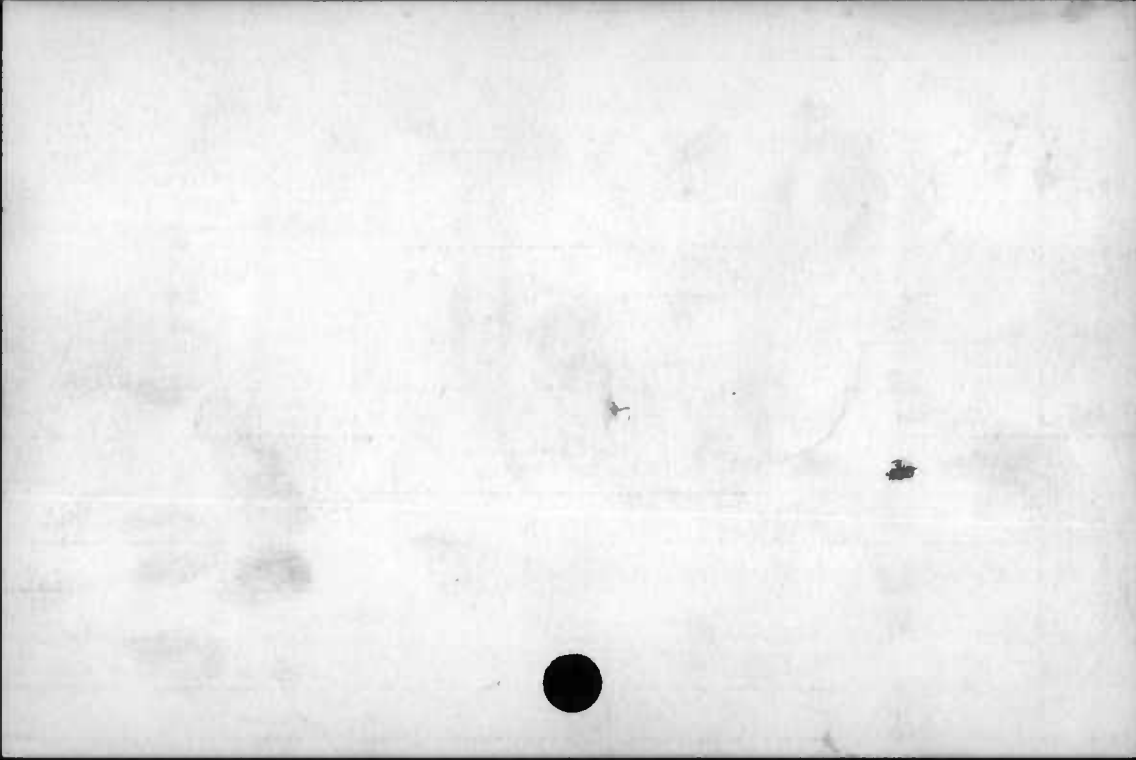
Died at <i>Graceland</i> ^{Town} <i>Secretary Md</i> ^{County} <i>Dorchester</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>22</i>	Age <i>19</i>
Sex <i>female</i>	Color or Race <i>white</i>	Birthplace <i>cant say</i>	Months <i>4</i>
Occupation <i>none</i>	Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>		
Father's Name <i>Wilbur F. Newton</i>	Father's Birthplace <i>Dor Co.</i>		
Mother's Maiden Name <i>Sammie Stevens</i>	Mother's Birthplace <i>Dor Co.</i>		
Name of person giving information <i>Mother Sammie Newton</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

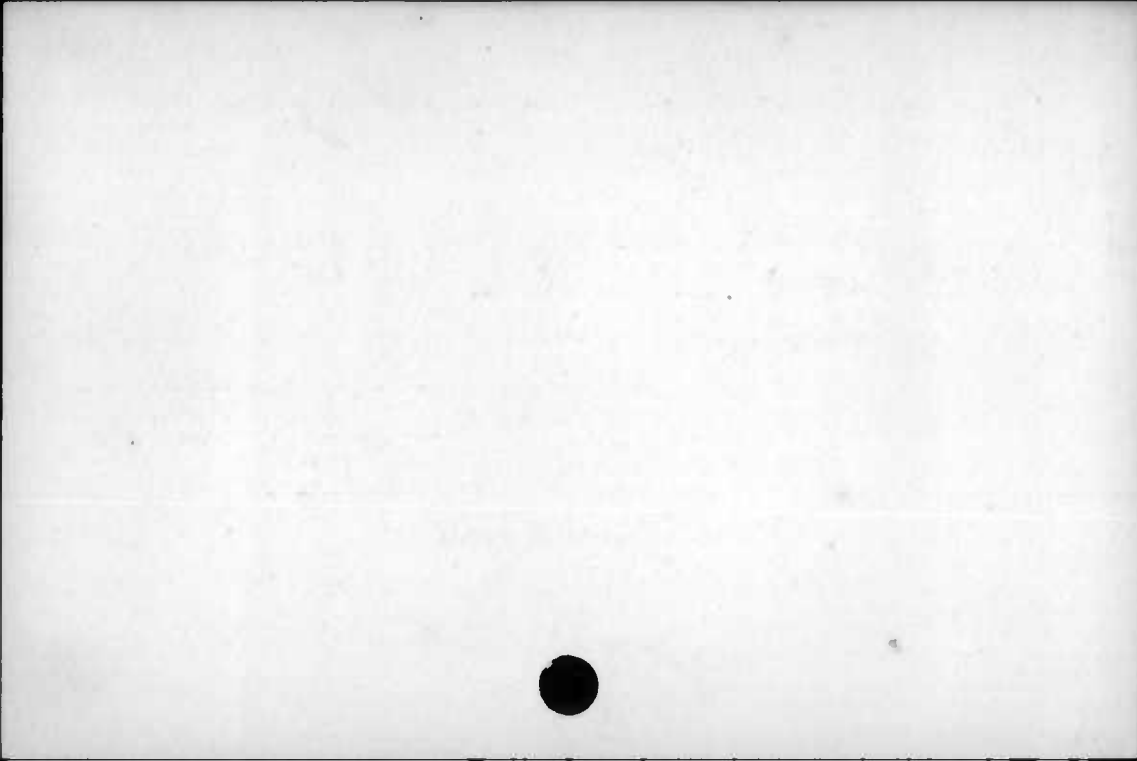
27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonary</i>	How long <i>4 mos</i>
Immediate <i>Cardiac asthma</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Edward L Jones</i>
<i>8</i>	Address <i>E. N. Market Md.</i>
Accident or Suicide?	



Name in Full		Joshua H. Nichols				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge	County Dorchester		MARYLAND	
	Date of death	1908	Month January	Day 9	Age —	Years —	Months 2
	Sex	Male		Color or Race	Black		Birth-place Cambridge, Md.
	Occupation	none		Where Residing if not at place of death		Cambridge, Md.	
	Married, Single or Widowed	Single		Name of Wife or Husband		none	
	Father's Name	Stanford Nichols Jr.				Father's Birthplace	near Cambridge
	Mother's Maiden Name	Rosetta Wilson				Mother's Birthplace	" "
Name of person giving information	Stanford Nichols Jr.				How related to deceased	brother	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">179</div>							
PHYSICIAN OR CORONER	Primary	Mycasurus				How long	about one week
	Immediate	Exhaustion				How long	a day
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Heane		
	Accident or Suicide?		—		Address Exemption Building Justice of the Peace		



Name
in
Full

Robert W. Parker

CERTIFICATE OF DEATH

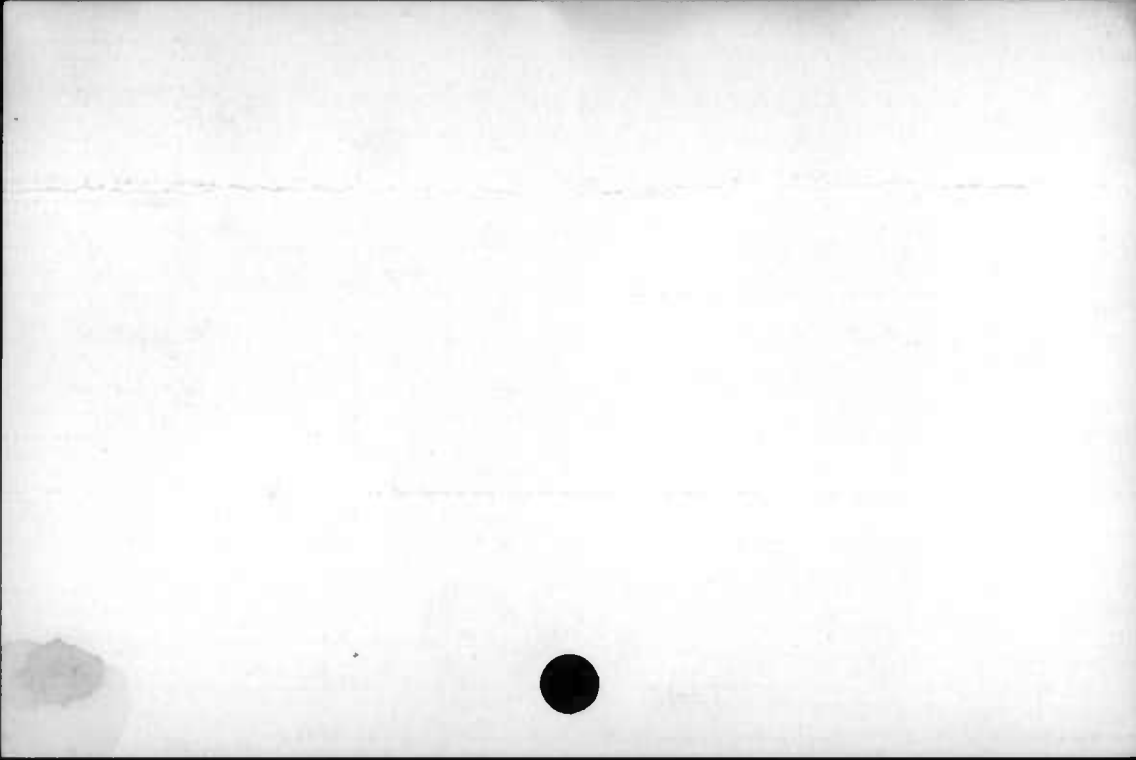
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Vienna</u> ^{Town}		<u>Harcroft</u> ^{County}		MARYLAND	
Date of death	1908	Month	Jan	Day	14
Age	78	Years		Months	-
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Annie J. Gally.		
Father's Name	Robert Parker		Father's Birthplace	Maryland	
Mother's Maiden Name	Millie Hill		Mother's Birthplace	Maryland	
Name of person giving information	Mertie A. Parker.		How related to deceased	Son.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Labar Pneumonia	How long	9 days.
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. H. H. H.</u>		
	Address <u>Vienna Md.</u>		
Accident or Suicide?			



Name
in
Full

Therese S. Pattison

CERTIFICATE OF DEATH

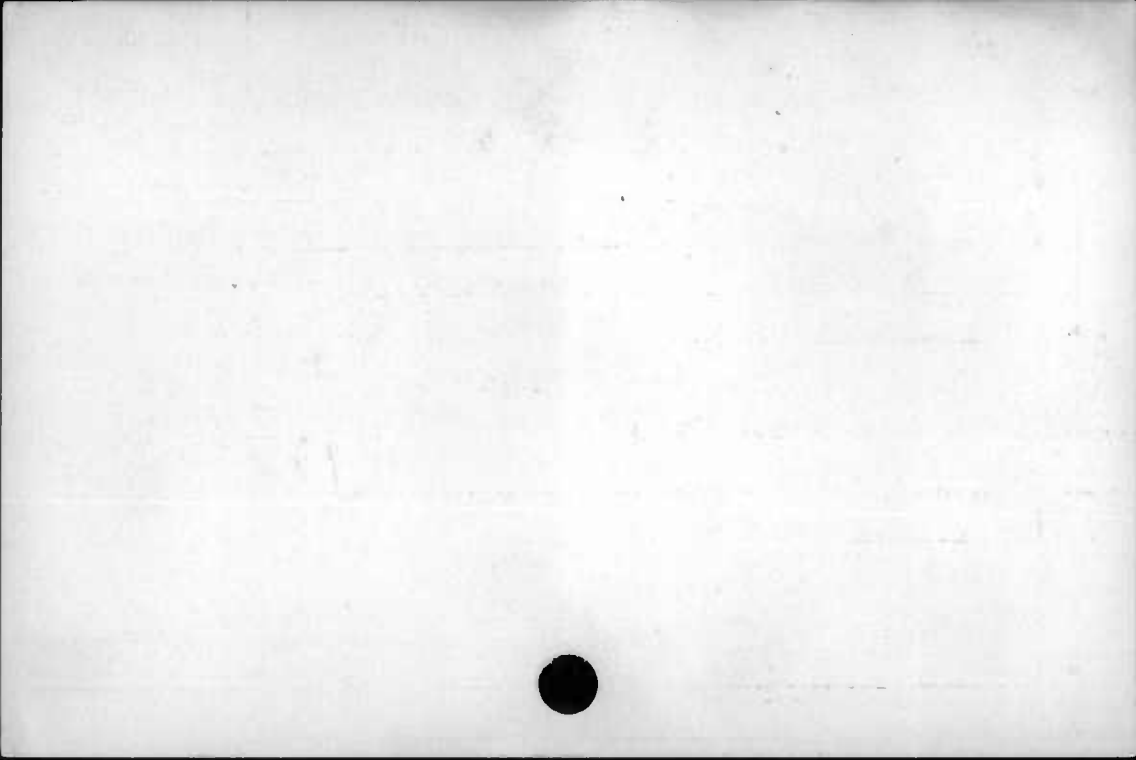
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>31</u>	Age <u>63</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>W. Co. Md.</u>		
Occupation <u>Retired Teacher</u>			Where Residing if not at place of death <u>-</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Amy Horseshell</u>				
Father's Name <u>James M. Pattison</u>	Father's Birthplace <u>W. Co. Md.</u>				
Mother's Maiden Name <u>Mary J. Groggigan</u>	Mother's Birthplace <u>W. Co. Md.</u>				
Name of person giving information <u>Annie D. Bryan</u>			How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid fever</u>	How long <u>not known</u>
Immediate <u>Broncho pneumonia</u>	How long <u>6 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Gump Steel</u>
<u>9</u>	Address <u>Cambridge Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

Levin Pinkett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

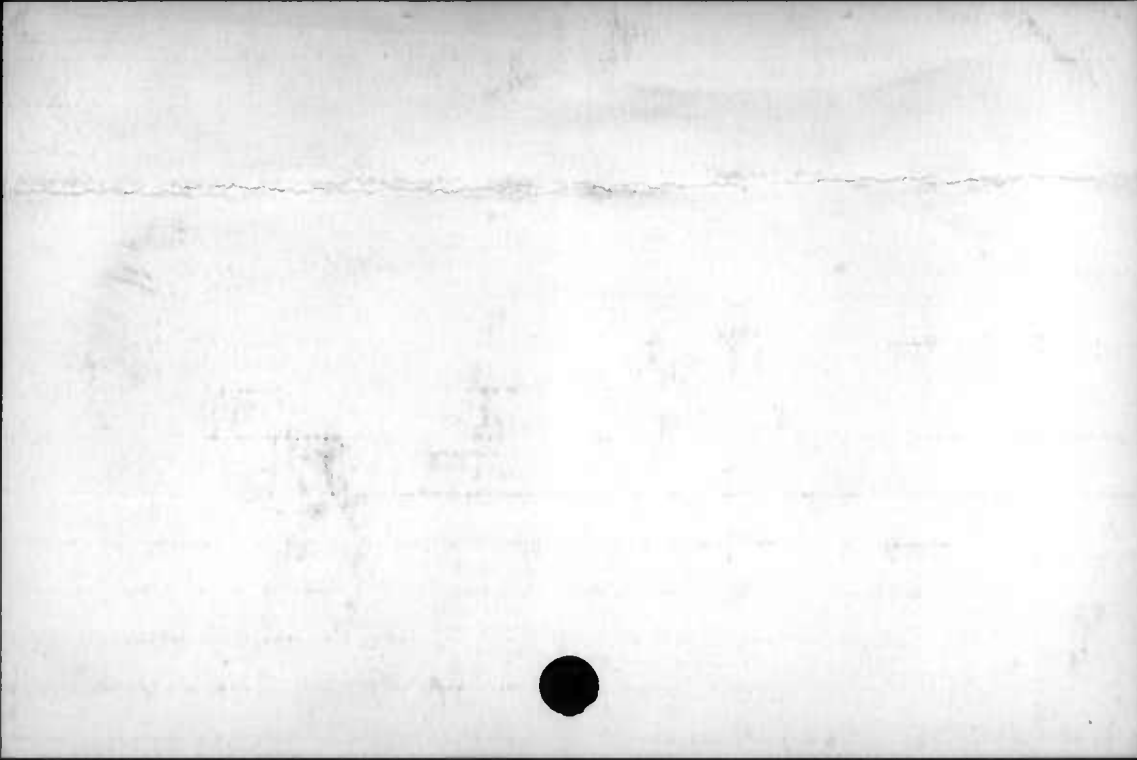
Died at <u>vienna</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1908	Month	Jan	Day	28
Age	47	Years		Months	
Sex	Male	Color or Race	Colored	Birthplace	vienna Mo
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lucie J Pinkett		
Father's Name	Levin Pinkett		Father's Birthplace	Mo	
Mother's Maiden Name	Dina Calender		Mother's Birthplace	Mo	
Name of person giving information	Alexander Pinkett		How related to deceased	Cousin	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	A H Blank
Sick for about two weeks		Address	vienna Mo
Accident or Suicide?			



Name
in
Full

Margaret Holland Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

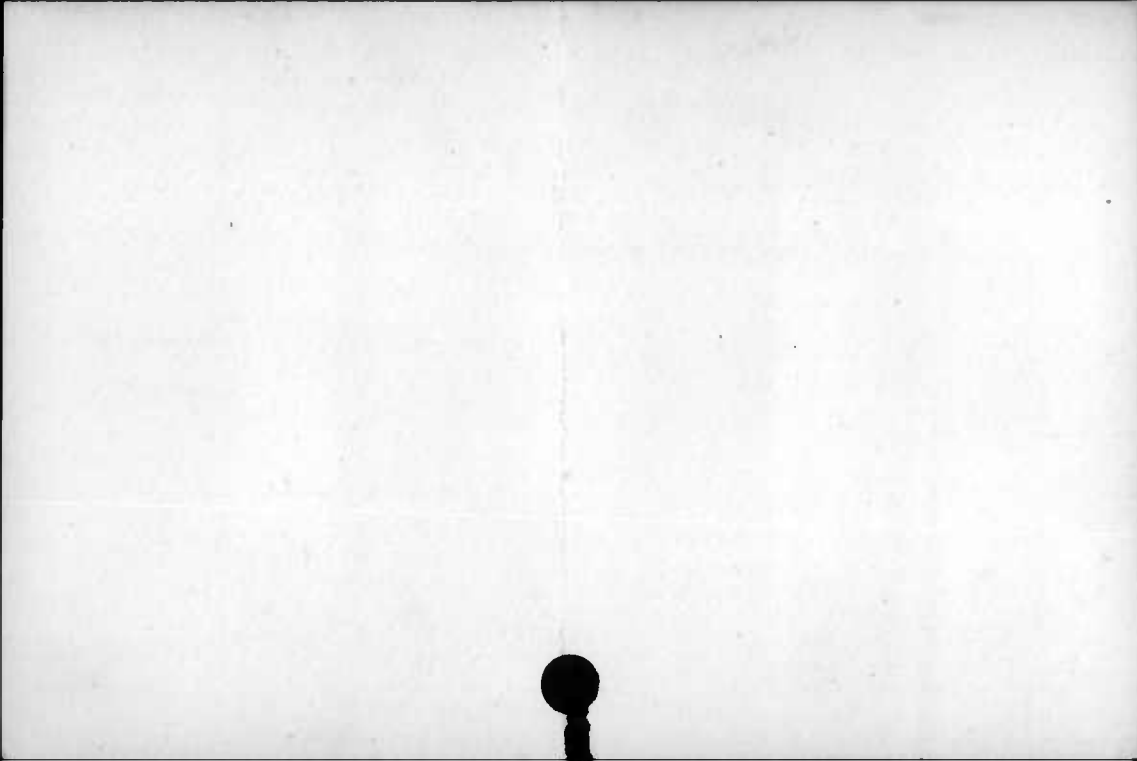
Died at <u>Vienna</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death	1908	Month	Jan.	Day	31
Age		86		Years	
Sex		Female		Color or Race	White
Occupation		House Keeper		Birth-place	Don't know
Where Residing if not at place of death					
Married, Single		Name of Wife or Husband			
Widowed		David Ross			
Father's Name		Don't know		Father's Birthplace	
Mother's Maiden Name		Don't know		Mother's Birthplace	
Name of person giving information		R. J. Price		How related to deceased	
				Not at all	

CAUSES OF DEATH

134

PHYSICIAN
OR CORONER

Primary	Senility	How long	How long
Immediate	Heart failure	How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		R. J. Price	
		Address	
		Vienna, Md.	
Accident or Suicide?			
Neither			



Name
in
Full

CERTIFICATE OF DEATH

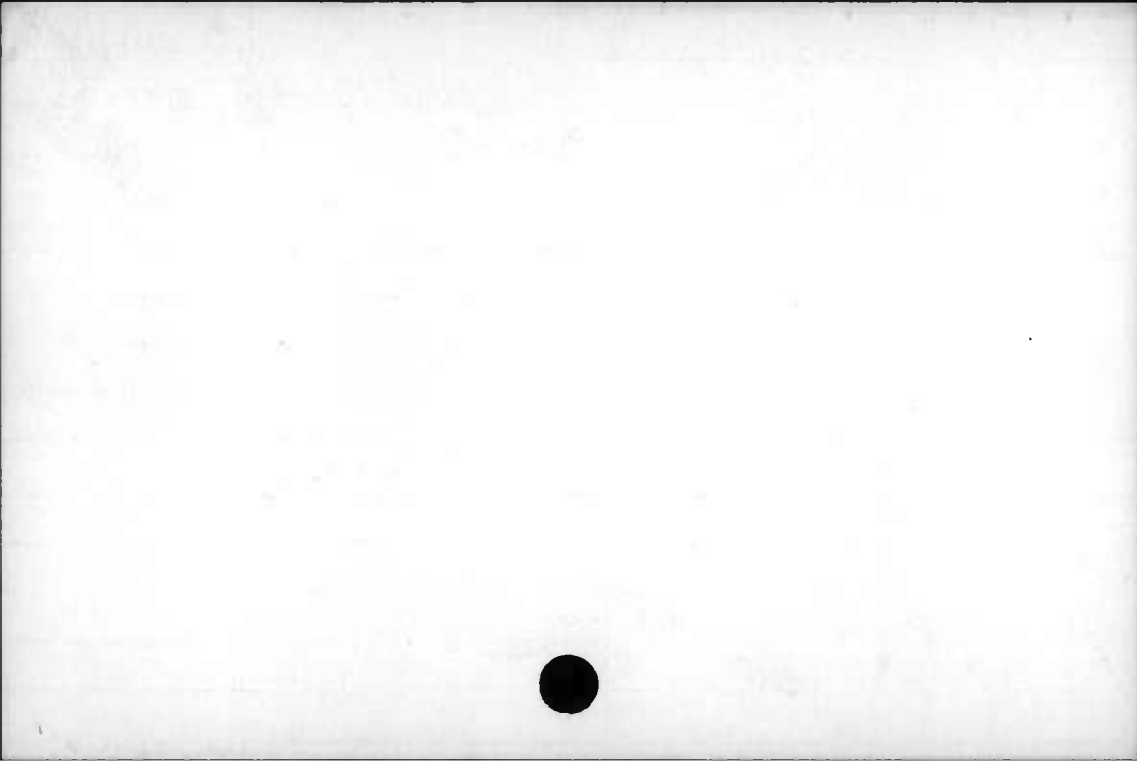
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full George Edwin Henry Light		Town Cambridge		County Dorchester		State MARYLAND	
Died at Cambridge		Month Jan		Day 29		Age 18	
Date of death 1908		Years 18		Months 18		Days 18	
Sex Male		Color or Race Colored		Birth-place Dorchester Co			
Occupation ---		Where Residing if not at place of death ---					
Married, Single or Widowed ---		Name of Wife or Husband ---					
Father's Name Carrell Light		Father's Birthplace Dorchester Co					
Mother's Maiden Name Florence Gross		Mother's Birthplace Baltimore City					
Name of person giving information Florence Harris		How related to deceased Grandmother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronche Pneumonia		How long One week	
Immediate Cardiac Failure		How long Several hours	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dexter S. Reynolds M.D.	
		Address Cambridge, Md.	
Accident or Suicide? ?			



Name
in
Full

Arthur Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

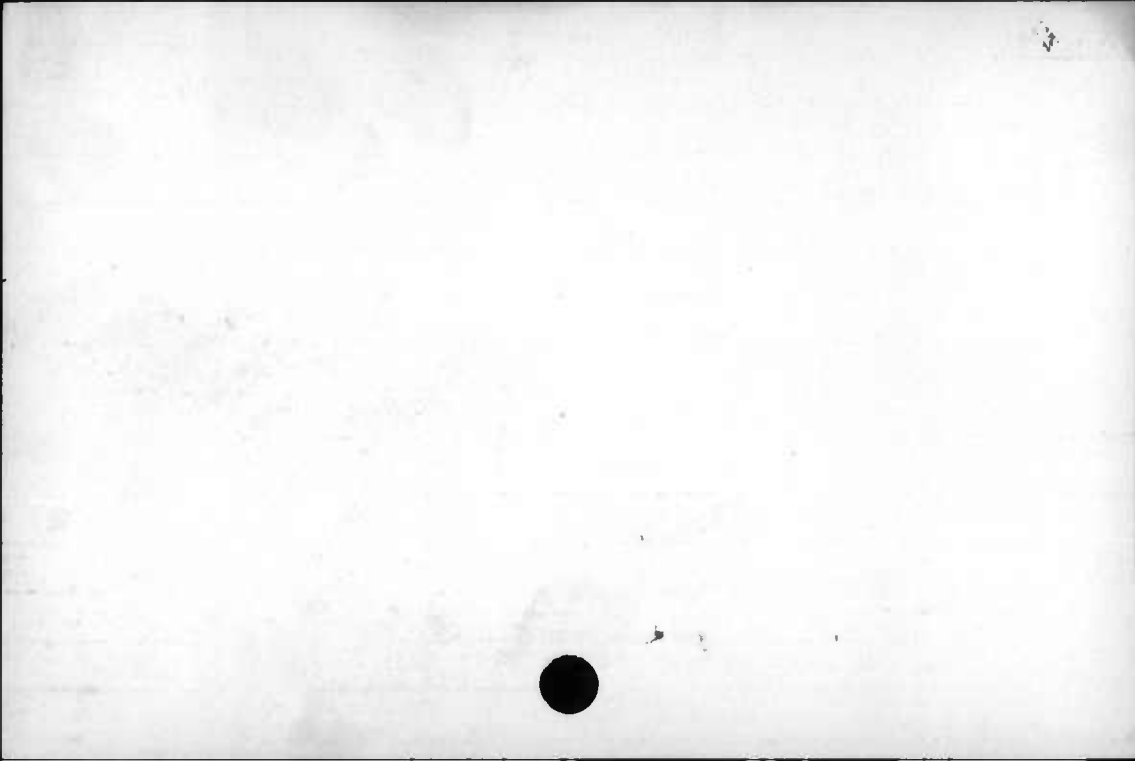
Died at		Town Crapo		County Borchester		MARYLAND	
Date of death	1908	Month 1	Day 23	Age 1	Years 1	Months 6	Days
Sex	Male		Color or Race	White		Birth- place	Crapo
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Arthur H. Smith		Father's Birthplace	
Mother's Maiden Name				Eva Foxwell		Mother's Birthplace	
Name of person giving In formation				Arthur H. Smith		How related to deceased	
						Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Dentition	How long	20 days
Immediate	Pneumonia	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. E. Knickman M.D.	
Address		Crapo	
Accident or Suicide?			



Name
in
Full

Elizabeth Stanley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Cambridge</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>31</i>	Age <i>100</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>Near Cambridge</i>				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Ezekiel Stanley</i>					
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Moses E. Wing</i>			How related to deceased <i>Son in Law</i>				

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <i>Fractured Hip</i>	How long <i>Fr. Month</i>
Immediate <i>Heart failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Victor L. Howell</i>
	Address <i>Cambridge Md</i>
Accident or Suicide? <i>No</i>	

Name
in
Full

Mr Harry Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

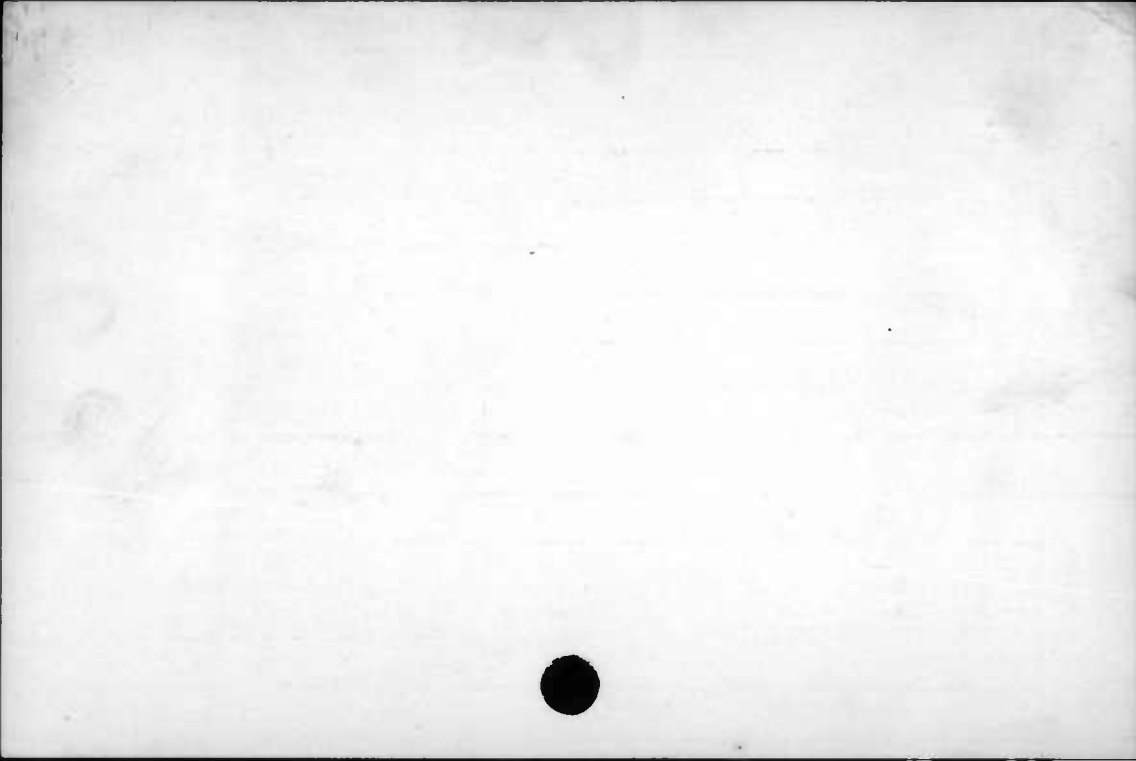
Died at <i>Caulnidge</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>July</i> <small>Day</small>	<i>6</i> <small>Years</small>	<i>22</i> <small>Months</small>	<i></i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Dorchester Co Md</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death	<i>Caulnidge Maryland Hospital</i>	
Married, Single or Widowed	Name of Wife or Husband		<i>Harry Thomas</i>		
Father's Name	<i>Jan A. Marshall</i>			Father's Birthplace	<i>Dor Co Md</i>
Mother's Maiden Name	<i>Louise J.</i>			Mother's Birthplace	<i>" " "</i>
Name of person giving information	<i>J. A. Marshall</i>			How related to deceased	<i>" Father "</i>

CAUSES OF DEATH

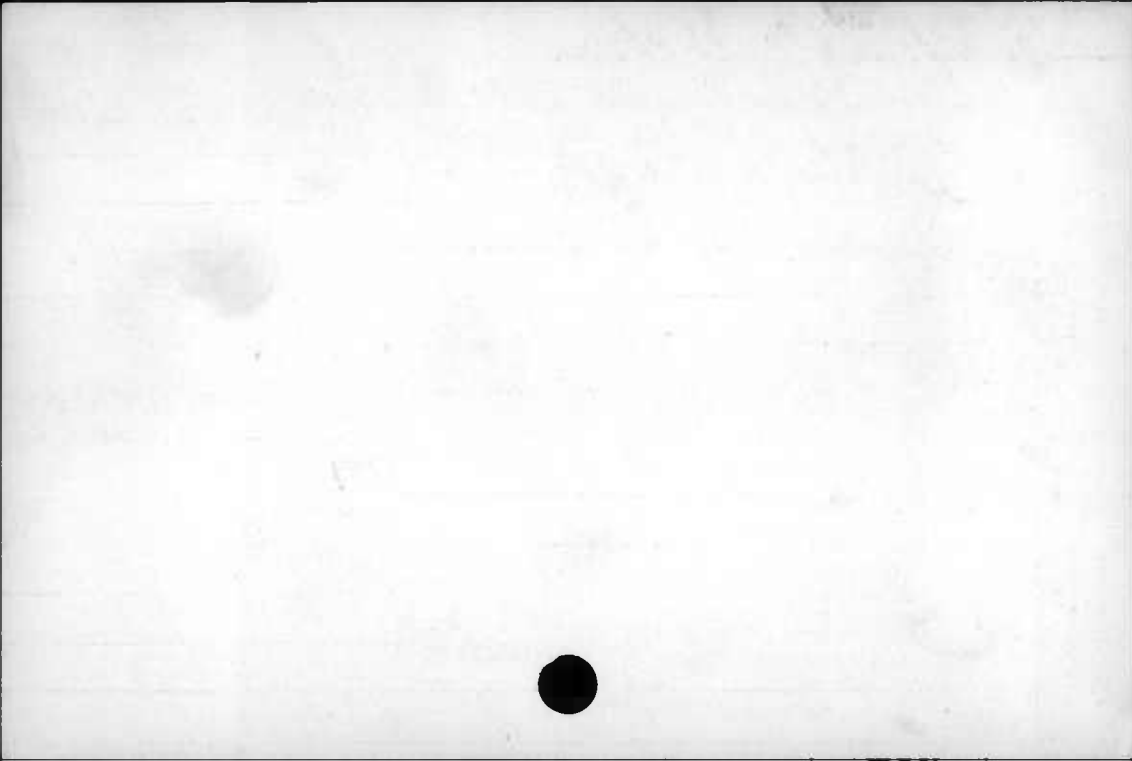
106

PHYSICIAN
OR CORONER

Primary	<i>Chronic Catarrhal Gastro Enteritis</i>	How long	<i>Some weeks</i>
Immediate	<i>& haematuria</i>	How long	<i>Some days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician	<i>Dr. Goldsborough</i>
		Address	<i>Caulnidge Md</i>
Accident or Suicide?			



Name in Full		Certificate of Death			
William L. Waller		MARYLAND			
Died at <u>Cambridge</u> Town		County <u>Dorchester</u>			
Date of death <u>1908</u> Month <u>Jan</u> Day <u>26</u>		Age Years <u>3</u> Months <u>1</u> Days <u>1</u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>MD</u>	
Occupation <u>home child</u>		Where Residing if not at place of death <u>Cambridge</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>J. H. Waller</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Maggie M. Lewis</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>J. H. Waller</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
10					
Primary <u>Influenza</u>		How long <u>Three weeks -</u>			
Immediate <u>Enteric and meningitis</u>		How long <u>one week</u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>B. N. Golasborough</u>			
		Address <u>Cambridge Md</u>			
Accident or Suicide?					



Name
In
Full

Matthew A Webster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *East New Market* ^{Town} *Dorchester* ^{County}

MARYLAND

Date of death *1908* ^{Month} *1* ^{Day} *12* ^{Years} *5-9*

Months

Days

Sex *Female* Color or Race *White*

Birth-place

Occupation *house wife*

Where Residing if not at place of death

Married, Single or Widowed *married*

Name of Wife or Husband

Harrison Webster

Father's Name

Jos P Lankford

Father's Birthplace

Dorchester

Mother's Maiden Name

Lair Martinis

Mother's Birthplace

9-9

Name of person giving information

Wm Webster

How related to deceased

Son

CAUSES OF DEATH

10

Primary

La Grippe

How long

2 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yea

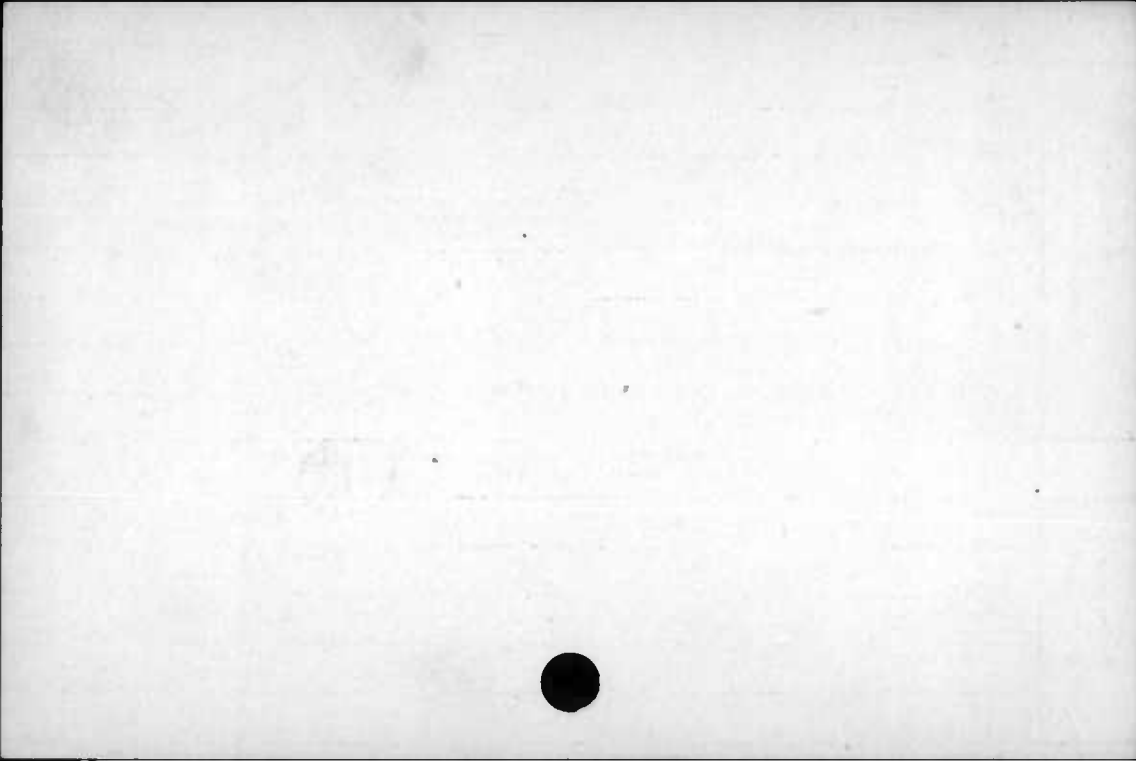
Signature of Physician

Edward L Jones

Address

East New Market Md.

Accident or Suicide?



Name
in
Full

James G. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1908	Month Jan.	Day 15	Age 28	Years 9	Months 10
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Laborer				Where Residing if not at place of death Cambridge Md.			
Married, Single or Widowed Married		Name of Wife or Husband Bessie Martin					
Father's Name Messiah Martin				Father's Birthplace Maryland			
Mother's Maiden Name Bessie Moore				Mother's Birthplace IN			
Name of person giving information Effie Gelliss				How related to deceased Sister			

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary	Tuberculosis (Consumption)	How long Don't know
Immediate	Exhaustion	How long Short time
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E.E. Wolff
		Address Cambridge Md.
Accident or Suicide?		

